



CITY OF LANSING DEVELOPMENT OFFICE
316 N. CAPITOL AVE., SUITE D-2
LANSING, MI 48933
PH: 517-483-4040 FAX: 517-483-6036



Co-Code _____
Office use only

COMPANY NAME: _____

TYPE OF CONTRACTOR: _____ Tax ID#: _____ Year business started: _____

If the business does several kinds of licensed contracting, you must complete a separate application for each kind and provide appropriate customer references and licenses. However, you need to provide only one copy of the insurance documentation unless there are different policies under different names and then copies of all policies must be provided.

COMPANY ADDRESS: _____
Street Address (and/or PO box) City, State, Zip

COMPANY PH: _____ PAGER(S): _____ CELL(S): _____

MOBILE #(S): _____ FAX: _____ Corp ☐ Partnership ☐ Privately owned ☐

If a Corporation or Partnership, attach a copy of the incorporation or partnership papers. If "Doing Business As" a name other than the owner's name, provide a copy of the DBA registration. If privately owned, provide information below for the owner(s):

Name	% of Ownership	Title	Social Security Number
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Address (Street, City, State, Zip)			Phone #
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Name	% of Ownership	Title	Social Security Number
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Address (Street, City, State, Zip)			Phone #
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Name	% of Ownership	Title	Social Security Number
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Address (Street, City, State, Zip)			Phone #
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Is your firm certified as a Minority Owned Business?
Is your firm certified a Female Owned Business?
Does your firm qualify as a Section 3 Business Concern?
(former low income resident of assisted housing)

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Are you interested in doing only a specific type or size of work?
(ie: only small jobs, electrical, etc) Yes ☐ No ☐ If yes, please specify:

LIST EXPERIENCE OF EACH OF THE OWNERS OR EMPLOYEES (General construction, electrical, plumbing, mechanical, roofing, siding, lead abatement or interim controls, concrete, drains, asbestos, interior & exterior painting, screens & storm sash, drywall, etc.) Is experience new construction, rehab, or historic renovation?

Is this your primary occupation? Yes ☐ No ☐ (if no, please explain)

List other cities in which your firm or principals have operated: _____

Have you ever filed for bankruptcy? ☐ Yes ☐ No (if yes, please explain)

Has your business completed work under another name? ☐ Yes ☐ No If yes, what was the name or names and reasons for changing:

What other finance, construction or real estate related businesses are your owners involved with? _____

Do you or your business own any property in the City of Lansing? ☐ Yes ☐ No
If yes, are all property taxes and business taxes with the City of Lansing current? ☐ Yes ☐ No

INSURANCE CARRIER: _____

TYPE OF INSURANCE: _____ AMOUNT OF COVERAGE: _____
(at least \$500,000 on general liability - workers comp required)

Business references-3 REQUIRED (including local banks and material suppliers). NOTE: Do not list Lowes, Home Depot or Menards.

Name	Address	Phone Number & Fax Number:
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Name	Address	Phone Number & Fax Number
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Name	Address	Phone Number & Fax Number
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Firms with which you have established credit-3 REQUIRED. NOTE: Do not list Lowes, Home Depot or Menards.

Name	Address	Phone Number & Fax Number
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Name	Address	Phone Number & Fax Number
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Name	Address	Phone Number & Fax Number
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Customer References: List the name, address, and phone number (if possible, list the number that they can be reached between 8 AM & 5 PM) of at **LEAST THREE (3) RECENT CUSTOMERS (WORK PERFORMED IN THE LAST YEAR)**, who have had work completed by your firm. Be sure the reference is appropriate for the kind of work you are applying for. If submitting multiple applications, provide references for each kind of work.

Office use only

Client Name: _____ Phone #: _____ Amt: \$ _____ Address: _____ _____ Work done: _____ Date Completed: _____	Person spoken to: _____ Type of work done: _____ When finished? _____ Timely finishing job? Y <input type="checkbox"/> N <input type="checkbox"/> Recommend to others? Y <input type="checkbox"/> N <input type="checkbox"/> How problems resolved, other comments: _____ _____ _____
Client Name: _____ Phone #: _____ Amt: \$ _____ Address: _____ _____ Work done: _____ Date Completed: _____	Person spoken to: _____ Type of work done: _____ When finished? _____ Timely finishing job? Y <input type="checkbox"/> N <input type="checkbox"/> Recommend to others? Y <input type="checkbox"/> N <input type="checkbox"/> How problems resolved, other comments: _____ _____ _____
Client Name: _____ Phone #: _____ Amt: \$ _____ Address: _____ _____ Work done: _____ Date Completed: _____	Person spoken to: _____ Type of work done: _____ When finished? _____ Timely finishing job? Y <input type="checkbox"/> N <input type="checkbox"/> Recommend to others? Y <input type="checkbox"/> N <input type="checkbox"/> How problems resolved, other comments: _____ _____ _____

NOTE: Though the City of Lansing Development does not require General Contractors on their bidders list to be a Certified Lead Abatement Contractor or certified to perform Interim Controls, most jobs will require this certification. Failure to gain these certifications and/or certificates will greatly impede the number of jobs you are asked to bid.

List all employees and their lead paint certification level. Include a copy of their State of Michigan Certification or Safe Work Practices Certificate:

Is your company a Lead Abatement Contractor per the State of Michigan? Y ☐ N ☐ If yes, include a copy of the State of Michigan Certification.

Include copies of ALL licenses and certifications for owners and employees. Copies must be readable, especially the ID numbers. Also include a **copy Certificate of Insurance** with General Liability & Workers Compensation **AND a copy of DBA documentation, if appropriate.**

THE UNDERSIGNED CONTRACTOR CERTIFIES THAT THE INFORMATION GIVEN HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:

1. That ALL work will be performed in accordance with the CITY technical specifications and completed with quality workmanship, subject to final inspection and approval by the Department of Planning & Neighborhood Development - Development Office.
2. That if the work performed by the contractor is found to be unsatisfactory by the administering agency or if contract relations between the contractor, homeowner, or other parties are found to be unsatisfactory, the administering agency may remove the contractor's name from the approved list, with such accompanying publicity as it deems necessary.
3. That proof of adequate Liability Insurance and Workman's Compensation (listing the City of Lansing, Development Office, 316 N. Capitol, Suite D-2, Lansing, MI 48933-1234 as an additional insured) and copies of your Contractors License, Journeyman or Masters License will be provided to this office at time of application and throughout the term of work performance with the City.
4. That you, the contractor, will abide by the regulations stated in 24 CFR 570.67, as follows:
 - Executive Order 11245 as amended, regarding non-discrimination in employment pertaining to all parts including Equal Employment and Contracting Opportunities.
 - Executive Order 13279 (67 FR 77141, 3 CFR 2002) regarding Equal Protection of the Laws for Faith-Based and Community Organizations
 - Contractor agrees to implement these regulations, including furnishing all information and reports as required by the Executive Order 11246 of Sept, 24, 1965, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant there to, per 41 CFR Chapter 60.
 - Contractors shall comply with Section 3 Requirements of the Housing and Urban Development Act of 1968, per 24 CFR Part 135.
5. That all work performed under this program will be done in conformance with all applicable codes and zoning regulations.

Penalty for false or fraudulent statements: U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United State knowingly falsifies . . . or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____



AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned authorizes the City of Lansing Development Office to contact any financial institution or material suppliers, as listed under "Credit and Business References", to obtain credit or business information deemed necessary to verify my eligibility to participate as an "Approved Contractor" for the City of Lansing Development Office Rehabilitation Programs.

Signed: _____

Company Name: _____

Date: _____